PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Gilder the Ft	pormont reduction / for or	rees, no percent are to	oquired to	respond to a concent	n or intermeted	tranicas ir displaj	O O YORU ON	a control frantison
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/562,572-Conf. #7881		
FEE TRANSMITTAL						December 27, 2005		
For FY 2008				First Named Inventor Takashi ISOBE		E	••	
701112000						A. J. Sterling		
Applica	nt claims small entity stat	is. See 37 CFR 1.27		Art Unit 3		3632		
TOTAL AMOUNT OF PAYMENT		(\$) 970.00		Attorney Docket No. 1		1163-0542PU\$1		
METHOD OF	PAYMENT (check	all that apply)						
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCU	LATION							450
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FI	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES		
Application T	ype <u>Fee (</u> \$	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES Small Ent								
Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues) Multiple dependent claims							210	105
			0.00	Multiple Dependent Claims Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims				Paid (\$)	-			
$\frac{5}{3} = \frac{2}{20.00} = \frac{420.00}{210.00}$								
HP = highest num	ber of independent claims	paid for, if greater that	n 3.					
3. APPLICATION If the specification upon	ON SIZE FEE ation and drawings ex ler 37 CFR 1.52(e)),	sceed 100 sheets of	of paper	(excluding electr	onically file	ed sequence or	r computer	50
sheets or fr	action thereof. See 3	5 U.S.C. 41(a)(1)	(G) and	37 CFR 1.16(s).	O) Siliali Cili	inty) for each a	iduilionai .	,0
Total Sheet	ts <u>Extra Sheet</u>	s <u>Number o</u>	of each a	dditional 50 or frac	tion thereof	Fee (\$)	<u>Fee</u>	Paid (\$)
	100 =	/50 =		(round up to a who	ole number) x		=	
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g.,	late filing surcharge).	#/						
SUBMITTED BY	2/11/11/11							
Signature	2001/8			Registration No. (Allomey/Agent) 29,680		Telephone	(703) 205-8000	
Name (Print/Type)						Date	Decembe	r 20, 2007